

## **Help Me Grow: A Model of Targeted Universalism to Advance Equity and Promote the Well-Being of All Children**

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### **Abstract**

Many families with young children in the United States struggle to access the services and care they need to thrive, signaling a need for a comprehensive, coordinated, effective system of developmental promotion, early identification of concern and need, and linkage to resources. The Help Me Grow (HMG) Model is an innovative solution that provides an early childhood system of care and utilizes targeted universalism as a framework to advance equity. Together, the HMG Model and targeted universalism provide a coordinated and universal system with targeted support for vulnerable populations and can prevent young children from “slipping through the cracks.”

### ***Executive Summary***

Addressing systemic failures related to developmental promotion, early detection of concerns and delays, referral, and linkage to supportive community-based resources can uplift vulnerable, delayed, or disordered developmental trajectories of young children (Dworkin and Sood 2016, 308-310). Yet the United States lacks a comprehensive, universal system of care that meets systemic failures and provides support for all families with young children to ensure they have the resources needed to thrive and attain positive outcomes (Dworkin and Sood 2016; Robinson et al. 2017). Help Me Grow (HMG) addresses this issue by establishing a universal early childhood system of care and utilizing targeted universalism as a framework to advance equity.

### ***Issue and Social Problem***

It is critical to provide children with the appropriate developmental screenings, monitoring, and supportive services in the earliest years of a child's life because by age five, 90% of their adult brain is developed (Nelson, 2000). Studies have shown for special populations, including those

with intellectual disabilities, autism spectrum disorder (ASD), adverse childhood experiences (ACE), and mental health challenges, early detection and intervention can have a major impact on long-term outcomes and offer the greatest chance that vulnerable children can develop to their full potential (Halfon et al., 2014, Halfon, Russ and Schor, 2022).

However, families with young children face significant barriers to finding and accessing services and resources despite a complex array of existing programs in health, early care and education, economic assistance, and family services. These programs are rarely integrated, their accessibility often depends on location, and many have strict eligibility criteria such as income, location, diagnosis, or cost. Additionally, historical, institutionalized, and structural racism has been evidenced to deter families of color from seeking services (Braveman et al., 2022). Furthermore, early childhood policies and processes are highly fragmented and difficult to navigate, with confusing points of entry that are particularly problematic for those experiencing adversities such as poverty, systemic racism, cultural disenfranchisement, geographic isolation, and violence.

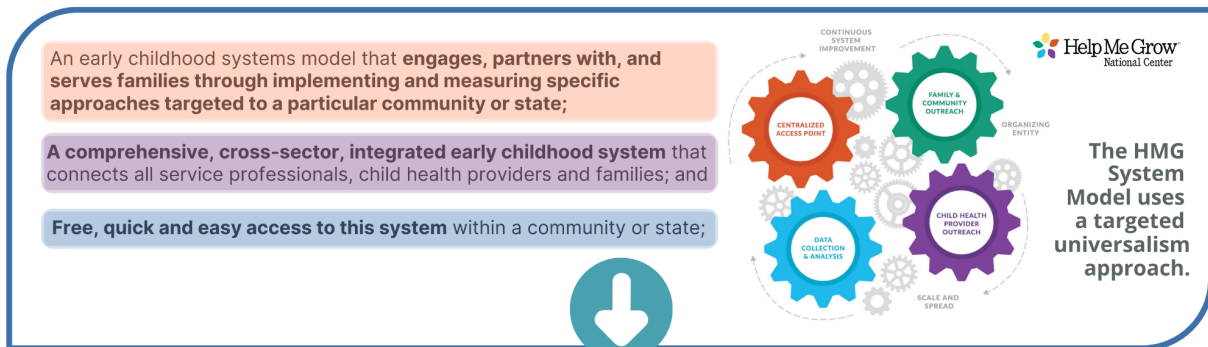
### ***Why HMG Works***

HMG is an evidence-based model that effectively promotes early childhood system-building efforts. It advances young children's positive health, development, and well-being, including among the most vulnerable populations. Making sure the unique needs of different groups of children are met requires a systemic approach to organizing the currently fractured landscape of services. Rather than being a stand-alone program, it builds on existing programs to ensure seamless, coordinated services for families with young children.

**Figure 1. HMG Model’s Application of Targeted Universalism**

## Applying Targeted Universalism to Early Childhood: The Help Me Grow Model

If we aim to provide **all families** with:



...then we:

- Create a **broad coalition** of partners committed to a universal goal and leveraging data to continually identifying which groups are not getting the resources they need and why
- Advance **universal prevention and minimize gaps** in developmental promotion, early detection, referral, linkage, and follow-up
- Establish **universal access with targeted outreach** to create equal opportunity for underserved, disenfranchised populations



...so that **all children** attain positive health and developmental outcomes.

As illustrated in **Figure 1** above, the HMG Model, which is depicted in the upper right of the diagram (gears), ensures that there are seamless, coordinated services for families with young children. With four cooperative and interdependent Core Components, HMG ensures that (1) families have professional support in accessing services easily and quickly (Centralized Access Point); (2) the community understands and promotes child development (Family & Community Outreach); (3) child health professionals are supported in their efforts to monitor children's development and help families get connected to supports that they want and need (Child Health Care Provider Outreach), and (4) data are being used to constantly improve systems of care for families (Data Collection & Analysis). Additionally, three Structural Requirements support Model sustainability: (1) an Organizing Entity to coordinate efforts across the system; (2) Continuous System Improvement to utilize data to identify gaps, barriers, and opportunities; and (3) Spread & Scale to advance reach across communities and states. The HMG Model provides a blueprint for effective, efficient systems that connect together all the services, sectors, and initiatives that exist to strengthen families with young children as tailored to local context.

Targeted universalism is a framework to pursue ambitious goals for all through the implementation of tailored approaches and processes for different groups (Powell, Menendian, and Ake 2019). In the lower half of **Figure 1**, we show how, through the application of targeted universalism and the HMG Model, unique sets of resources and services are matched specifically to each child's needs. An ensemble of different resources can be tailor-fit to different groups of children based on the severity and duration of developmental and behavioral challenges.

### ***Utility of Targeted Universalism in Promoting Access to HMG for Those with the Greatest Needs***

Using targeted universalism to pursue equity, HMG aims to achieve the following universal goal for families with young children: All families with young children have easy and quick access to be matched with resources and services that they want and need to optimally support their children's development, health, and well-being, as well as the unique places they live. By applying the tenets and tools of targeted universalism, as well as the application of policy changes at the organizational, sector, community, and state levels, HMG provides the opportunity to support underserved and disenfranchised populations in reaching universal goals for children's optimal health, development, and well-being.

Targeted universalism requires ongoing outcomes-based monitoring. The HMG National Center annually collects data from our National Affiliate Network using a uniform assessment tool from over 120 systems operating across 30 States and the District of Columbia. This tool contains metrics on referrals and linkage to services. We compare and analyze data over time and at different levels: system-level, state-level, and Network/national-level. HMG systems also collect their own quality improvement data so they can identify where their population and initiatives have the greatest needs. HMG's data collection process is ideal for ensuring that outcomes are monitored for success and not just for the model that is being implemented. Lastly, systems that have fully implemented the Model are eligible to leverage a "return on investment" (ROI) calculator, which translates HMG and family/child outcomes into quantifiable savings across multiple sectors.

One of the most innovative things about HMG is how we measure at a system level and how we leverage implementation science to classify each community-based system. Given the evidence base demonstrating the value of full HMG Model implementation, the current HMG evaluation framework uses stages to determine the extent to which an affiliate is implementing the Model with fidelity. Such stages are consistent with those defined in the field of implementation science and signal advancement through a continuum of activities that move a community closer to the replication of a defined model (Cornell, 2019).

### ***What Differentiates HMG***

The HMG Model is distinct in that it is the only evidence-based early childhood system model and the only systemic approach to reaching all children before kindergarten in the United States. Families and providers must rely on piecemeal services and institutions such as providers, home

visiting services, child care, social services, and early intervention, which only reach segments of the population based on specific eligibility criteria. (Dodge et al., 2018). Pediatric care is a key aspect of any early childhood system, yet structural barriers such as limited staff capacity, time during visits, and availability of providers require connections outside of the pediatric practice—and across pediatric providers that serve families—to adequately address critical aspects of early childhood. Programs or models that focus on a subset of the population are necessary but insufficient to bring sustainable, broad-scale change.

Despite strong evidence of the importance of the early years, comprehensive data on how children are developing and what services they are able and unable to access is challenging to collect as each sector holds its own pieces of the puzzle. This makes systemic improvement toward advancing equity difficult to achieve. Applying the concept of targeted universalism to early childhood via HMG can solve for these factors by bridging across various child-serving sectors and “filling the gaps” in available supports via a population-level, comprehensive system of care for all families. For example, children at risk for developmental concerns who do not qualify for early intervention services due to strict eligibility requirements may be referred to other developmentally supportive programs and be put on a “screening schedule” with HMG to continue monitoring development and providing activities to families that can improve developmental skills.

### ***HMG Model Funding***

The HMG National Center is currently funded largely through local and private philanthropic grants/contracts, with a small percentage from Federal contracts, affiliate fees, and technical assistance. Each HMG affiliate is responsible for securing their own financial funding. This consists of federal, state, and local funding, grants, and private organizations. Affiliates often leverage existing funded activities and entities to implement HMG. In addition, affiliates increasingly align with federal and state public funding sources and initiatives across health, human services, and education sectors, as well as secure line items in state and local budgets in recognition of the vital role HMG plays in advancing positive outcomes for children and families.

### ***HMG Model Scaling, Scaling Impact, Social Implications and Risks***

The HMG Model is inherently scalable as it leverages existing assets while building out local needs. Targeted universalism supports HMG’s scaling efforts as the HMG Model can be built with the capacity to serve all, with investments focused intensively on reaching those most underserved to increase penetration and spread in the given region. HMG builds additional “infrastructure” while aligning and leveraging existing efforts of coalitions, services, and funding to work towards a system of developmental promotion, detection, referral, and linkage. With target universalism’s outcomes-oriented framework, through measuring outcomes, systems can identify improvements needed when they are not making progress.

Maintaining a system approach has risks. Since the COVID pandemic, unexpected turnover, changes in local landscapes, funding instability, and increased demand across HMG systems have caused changes in approach and direction, forcing many HMG systems to redistribute limited resources and straining their ability to maintain full implementation of the Model. Our universal strategies and robust data collection process enable us to be responsive to these risks and the ever-changing needs of vulnerable populations (Help Me Grow National Center 2021). Employing targeted universalism, the HMG National Center provides ongoing coaching and support to all systems in our network while targeting more intensive support to systems that need it. In turn, HMG's Network is more resilient to change and can reach a broad early childhood population.



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